



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

JENNIFER ANNE, L.L.C.

18 OLD DOVER ROAD
NEWINGTON, NH 03801

ADDRESS OF PRINCIPAL OFFICE:

18 OLD DOVER ROAD
NEWINGTON, NH 03801

REGISTERED AGENT AND OFFICE:

JONATHAN S. SHAFMASTER
WATSON BROOK RD PO BOX 1070
EXETER, NH 03833

ENTITY TYPE: LLC
BUSINESS ID: 241873
STATE OF DOMICILE: NH
FEDERAL ID: 020485963

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address 18 Old Dover Road, Newington, NH 03801
☐ The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Kevin S. Moore
STREET 18 Old Dover Road
CITY/STATE/ZIP Newington, NH 03801
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME Jonathan S. Shafmaster
STREET 18 Old Dover Road
CITY/STATE/ZIP Newington, NH 03801
NAME S.F. Offshore, Inc.
STREET 18 Old Dover Road
CITY/STATE/ZIP Newington, NH 03801
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

Kevin S. Moore

/ Manager

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529